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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 8/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	SU 103
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor	MICHAEL J. PRECO Pd
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR TREATING ECTOPARASITE INFECTIONS ON THE**

(Title of the Invention)

**MAMMALIAN BODY**

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(e)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(d) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §385(b) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named Inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name OR	Customer Number or label
--	--------------------------

List Attorney(s) and/or agent(s) name and registration number below:

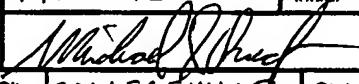
Name	Registration Number	Name	Registration Number
HENRY E. MILLSON, JR	18,980		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:  Customer Number or label OR  Fill in correspondence address below

Name	HENRY E. MILLSON, JR				
Address	675 GOLDEN HAWK DRIVE				
Address					
City	PRESCOTT	State	AZ	Zip	86301
Country	USA	Telephone	928-445-2453	Fax	928-445-2453

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	MICHAEL	Middle Initial	J.	Family Name	PRECOPPIO	Suffix e.g. Jr.	
Inventor's Signature					Date	12-16-04	
Residence: City	KOLLEGEVILLE	State	PA	Country	USA	Citizenship	US
Post Office Address	1720 MORGAN LANE 19426						
Post Office Address	SAME						
City		State		Zip		Country	
<input type="checkbox"/> Additional Inventors are being named on supplemental sheet(s) attached hereto							

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## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §385C of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior art to disclose information which is material to patentability as defined in Title 35, United States Code §112.1 acknowledge the duty filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named Inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name OR	<input type="text"/>	Customer Number	or label	<input type="text"/>
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below.				

Name	Registration Number	Name	Registration Number
HENRY E. MILLSON, JR	18,980		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input type="checkbox"/> Customer Number	or label	OR	<input type="checkbox"/> Fill in correspondence address below
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Address	675 GOLDEN HAWK DRIVE		
Address			
City	PRESCOTT	State	AZ
Country	USA	Telephone	928-445-2453
		Fax	928-445-2453

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor					
Given Name	MICHAEL	Middle Initial	J.	Family Name	PRECOPPIO	Suffix e.g. Jr.	
Inventor's Signature					Date	12-16-04	
Residence: City	KOLLEGEVILLE	State	PA	Country	USA	Citizenship	US
Post Office Address	1720 MORGAN LANE 19426						
Post Office Address	SAME						
City		State		Zip		Country	
						Applicant Authority	
<input type="checkbox"/> Additional Inventors are being named on supplemental sheet(s) attached hereto							

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VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c))—SMALL BUSINESS CONCERN

Docket Number (Optional)

SU 103

Applicant or Patentee: MICHAEL J. PRECOPPIO

⇒ Application or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: METHODS FOR TREATING ECTOPARASITE INFECTIONS ON  
THE MAMMALIAN BODY

I hereby declare that I am

- the owner of the small business concern identified below.
- an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN SUMMERS LABORATORIES, INC.  
ADDRESS OF SMALL BUSINESS CONCERN 103 G. P. CLEMENT DRIVE  
COLLEGEVILLE, PA. 19426

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- the specification filed herewith with title as listed above.
- the application identified above.
- the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.

each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING MICHAEL J. PRECOPPIO

TITLE OF PERSON IF OTHER THAN OWNER \_\_\_\_\_

ADDRESS OF PERSON SIGNING 1720 MORGAN LANE, COLLEGEVILLE, PA. 19426SIGNATURE Michael J. Precopio DATE 12/16/04

\*\*Burden Hour Statement: This form is estimated to take .3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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